July 1, 2003

MDR Tracking #: M2-03-1299-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Neurology, and with a special interest in memory and cognitive disorders as related to various diseases of the brain, including head trauma. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___, a ___, was 45-years-old at the time of his injury on ___. A sixty-pound door on the fire truck was not working properly and struck him on the head, causing him to be knocked to the ground. He was bleeding from the top portion of his head. For the first few minutes he was foggy, but was able to get up from the injury. He was then referred to a hospital.

On August 30, 2002 he underwent a neuropsycological evaluation by ___, and the results of the test suggested a cognitive impairment particularly for attention, memory and cognitive flexibility. There were also symptoms of depression and anxiety with also presence of multiple somatic complaints that were also aggravated by stress. It was recommended that he undergo the outpatient treatment program for brain injury. ___ has not worked since his injury occurred. He was evaluated by ___, a physical medicine rehabilitation specialist, on October 21, 2002. It was noted that his examinations showed strength in his muscles at 4 out of 5. He had features of a traumatic brain injury and post concussive syndrome with memory problems, thinking problems and secondary depression. ___felt that ___ would do well in a head injury program at the ___. It was further recommended that he also undergo vestibular testing because of balance problems and also have his eyes examined because poor vision that was complained about at the time of his injury. The symptoms that this patient continued to have since his injury included headaches, fatigue, poor energy, memory problems, thinking problems, significant depression and anxiety. At the time of his initial workup, shortly after his injury, he underwent an MRI of the brain; carotid ultrasound and EEG were all normal. He was prescribed some Zoloft that helped his mood, but not completely. His initial dose was 50 mg of Zoloft per day, and it was subsequently increased to 75 mg per day.

Also, the patient complained of hearing loss which he had before his recent injury. He previously had a blast injury in the Army and his left ear was affected at that time. It appeared to be worse after his most recent accident. He was told to wear hearing aids after he left the army, but he has not done that.

The medical records from the rehabilitation service noted further information that his symptoms of head pain, light-headedness, decreased concentration, attention and depression and stress are affecting his ability to cook for himself and he is requiring assistance with managing his finances and balancing his checkbook. He also was having difficulty driving his vehicle. The personnel at the ___ suggested that ___ was an inappropriate candidate for post-acute rehabilitation to address his impairments. It was recommended that he undergo the neuro skills program five times a week for four weeks. This would include counseling, cogitation in speech, evaluation and treatment, physical therapy, occupational therapy and whatever behavioral modification programming that is necessary to try to get ___ back into his normal routine as was present prior to his injury.

___ was evaluated by ___ on January 31, 2003. ___ continued to complain of the same cognitive problems that he had as outlined in the first paragraph. ___ stated that because ___ suffered no loss of consciousness, that any of his deficits that he developed could not be due to the injury of ___. This doctor suggested psychiatric care.

On February 10, 2003 he began the neuro skills program. His diagnosis at that time was mild traumatic brain injury with post concussion syndrome and adjustment disorder with depressive symptomatology. The overall program goals were to improve maximal functional potential so that he could reintegrate into the community and work setting again. The physical therapy evaluation showed decreased flexibility in his lower extremities, mild muscle weakness and evidence for a risk of falling. He had a severe vestibular impairment on his motion sensitivity testing. In occupational therapy he had mild weakness of his pinch strength and fine motor coordination was impaired bilaterally. He also complained of fatigue, headache, nausea and blurred vision. Cognitive testing showed severe short-term memory, both working memory and auditory and visual memory. He did, however, have good executive functioning except for an attention disorder, and was conscientious and motivated during therapy sessions. He was found to have Beck depression index of 22, a very moderate depression, but not suicidal. Based on that evaluation, the folks at this center recommended that he undergo the five-days-a-week program for four weeks.

___ wrote a letter in regard to ___. He stated in his letter that ___ had a mild traumatic brain injury with secondary adjustment disorder and depression, and also there was secondary involvement of the vestibular system and visual perceptive system that resulted in headache and fatigue. He stated that these abnormalities are being treated at the ___ and he is undergoing a multi-discipline program.

___ saw the patient on April 25, 2002. Her diagnosis was post concussive syndrome and recommended that he not return as a fireman at that time, but recommended short-term disability. She recommended that he have a carotid ultrasound to make certain there were no carotid artery dissection and also a neuropsychological battery of tests. This was the initial evaluation of ___ shortly after his injury. The note of ___ on February 13, 2003 stated that this patient had already started the program and was taking Zoloft and his spirits seemed to be better.

On March 18, 2003 he was sleeping better and was using Klonopin .5 mg one or two at nighttime. His neuro skills program and cognitive behavioral program was put on hold for further approval. On May 9, 2003 ___ added Provigil 200 mg a day for improving fatigue and tiredness. On June 6, 2003 he stated that his fatigue was a little less and he remained otherwise the same.

The MRI scan report on may 10, 2002 showed bilateral maxillary sinus cysts. The intracranial structures were normal.

REQUESTED SERVICE

An outpatient neuro rehab program 5X a week for four weeks is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Based on a review of the medical records, the reviewer finds that ___ had a head injury, and as a result of his symptoms has developed a very significant post-traumatic syndrome. Contrary to opinion and comments by previous physicians in this medical records, one does not need to have a loss of consciousness to suffer cognitive symptoms and cerebral symptoms. In a head injury when there is a rapid acceleration and deceleration of the brain as a result of the sudden injury, loss of consciousness is not always needed to have further symptoms. ___ had significant injury, he was dazed at the time, and also had a significant laceration. Revealing the fact that the patient's head had a very significant impact on the object that he hit, it is well-known that because of the sheering forces that occur with the injury that there are many times very small hemorrhages in the brain. An injury to the axons and white matter is not always seen on MRI scans or x-rays. May patients, like ___, who have a post-traumatic condition will complain of fatigue, attention deficit, and very poor memory, as well as dizziness, light-headedness, and head pain. His neuropsychological battery confirmed that he does have many of these cognitive disturbances that interfere with his activities of daily living and his ability to perform his normal work. Certainly, a fireman without good cognitive function attention and an ability to make quick decisions would be totally disabled from doing that kind of job. If you also take a very healthy person and give him this kind of injury, they realize how impaired they are, and that in turn produces a significant depression, which in turn creates more cognitive problems. The reviewer definitely agrees with ___ that this patient needs a program of extensive cognitive rehabilitation including medication, behavioral modification, memory retraining, occupational therapy, counseling and support to try to get him back to his normal state. Many of these kinds of cases do gradually improve and the patients return to their previous work, or work that is close as possible to their previous job. It is well shown in many cases and follow-up that this treatment is essential, along with time, to improve their abilities to concentrate, improve depression and get them back to some kind of semblance of normal as had been present pre-injury.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).